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ABSTRACT

The rising number of uninsured children in California underscores the need to redouble efforts to enroll all eligible children in the Healthy Families Program (California's State Children's Health Insurance Program), or in Medi-Cal (California's Medicaid program). This report describes the research and fieldwork conducted by Consumers Union's Healthy Kids, Healthy Schools project exploring opportunities to connect schools with Healthy Families and Medi-Cal. The report describes existing school-based enrollment efforts, and offers policy recommendations for making outreach and enrollment activities an integral part of the mission of California's public schools. Between January and June of 1999, Healthy Kids, Healthy Schools compiled demographic data on California's schools in areas with the greatest need for school-based outreach for children's health insurance programs. Written surveys were conducted with school nurses and Healthy Start staff and telephone surveys were conducted with school personnel statewide. Both survey responses and fieldwork indicated that partnerships between schools, nonprofit organizations, and government agencies are highly effective in promoting Healthy Families and Medi-Cal. Resulting policy recommendations include: (1) finding additional resources to initiate and support school outreach and enrollment activities; (2) testing school-based outreach and enrollment strategies through pilot projects; (3) developing policy to institutionalize school-based efforts to reduce numbers of uninsured children; (4) developing policy to reflect schools' experiences with health insurance outreach and enrollment initiatives and to facilitate schools' participation in these activities; (5) improving the state's methods for gathering and analyzing data on Healthy Families/Medi-Cal enrollment to identify the most effective forms of outreach; (6) and conducting additional

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research on the connection between health insurance and school performance. The report concludes by asserting that linking schools and health insurance offers a golden opportunity to expand health care coverage to all of California's children--the first step toward healthier kids and healthier schools. (Contains 42 endnotes.) (KB)

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# *A Golden Opportunity*

## IMPROVING CHILDREN'S HEALTH THROUGH CALIFORNIA'S SCHOOLS

MARCH 2000

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# *A Golden Opportunity*

## Improving Children's Health Through California's Schools

March 2000

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**This report was prepared by the West Coast Regional Office of Consumers Union of U.S., Inc.**

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A copy of this report can be downloaded from our web site at
**www. consumersunion.org/health**

A copy of the CD-ROM containing school demographic data and health insurance data for each county in California, described on page 20, can be ordered for $5 by calling Consumers Union at the above telephone number.

# Executive Summary

**When the State Children's Health Insurance Program (CHIP) emerged from the federal budget negotiations in 1997—offering $24 billion to states over five years and $40 billion over ten years—it represented the single largest public investment in children's health care since the creation of Medicaid in 1965. CHIP provided a significant opportunity to extend health insurance coverage to millions of uninsured children across the country.**

Nearly three years after the passage of CHIP, California's progress toward insuring all children remains slow. The numbers tell a troubling story: California is home to more than 2 million uninsured children and tops the nation in both its rate and number of uninsured children. Children without health coverage often lack access to health care services and suffer from easily preventable health problems. Almost 1.5 million of these uninsured children are eligible for low-cost or free insurance under either the Healthy Families Program (California's version of CHIP) or Medi-Cal (California's Medicaid program). Ironically, even though the Healthy Families Program has enrolled over 230,000 children since 1998, the number of uninsured children in California has *increased* since CHIP was enacted because many low-income children lost their Medi-Cal coverage in the wake of the 1996 overhaul of the welfare system. In fact, as of mid-1999, fewer California children were enrolled in Healthy Families and Medi-Cal than were enrolled in Medi-Cal alone in 1996.

Government officials, health advocates, and community leaders throughout California have worked to increase the number of children enrolled in these programs, but much remains to be done. One key strategy for reaching more children is to engage the public school system in outreach and enrollment efforts. Findings from focus groups in California show that families eligible for Medi-Cal are nearly unanimous in their agreement that schools would be a trusted resource for health insurance information as well as a viable location to undertake the enrollment process. And with more than 5.8 million children enrolled in California's public schools, they are the most logical place to find the majority of eligible children. While a variety of efforts to involve schools in health insurance outreach and enrollment are underway, California's schools remain an under-utilized resource.

In 1998 Consumers Union established *Healthy Kids, Healthy Schools*, with funding from the David and Lucile Packard Foundation and the Henry J. Kaiser Family Foundation, to explore opportunities to connect children in

schools with state-sponsored health insurance programs. *Healthy Kids, Healthy Schools* seeks to form partnerships with schools to conduct outreach for and increase enrollment in Healthy Families and Medi-Cal, as well as to retain children in these programs and promote their utilization of health care services.

Between January and June of 1999, *Healthy Kids, Healthy Schools* compiled demographic data on California's schools to determine which areas had the greatest need for school-based outreach for children's health insurance programs. We also conducted written surveys of school nurses and Healthy Start staff; we received responses from 175 school nurses in 38 counties and from 89 Healthy Start personnel in 28 counties. In a telephone survey of staff at selected schools and districts, we interviewed personnel at 92 school sites in 43 counties. Together these three surveys collected information from school personnel in 46 of the 58 counties statewide. The survey responses offer a snapshot of existing school-based outreach and enrollment efforts. Because participation in the surveys was voluntary and focused on school health personnel, the responses may not be representative of all schools or school staff.

This report describes the research done by Consumers Union's *Healthy Kids, Healthy Schools* project, existing school-based efforts to enroll children in Healthy Families and Medi-Cal, opportunities for schools to become more involved in outreach and enrollment, and policy recommendations for making such activities an integral part of the mission of California's public schools.

## Summary of Findings

The surveys show that school personnel recognize the benefits that Healthy Families and Medi-Cal offer their students and that many are eager to participate in outreach. But most schools lack the funds and staff to embark on comprehensive outreach and enrollment initiatives. Indeed, while most schools are willing to pass out informational flyers or promote health insurance programs by word-of-mouth, many can go no further without additional staff. School personnel generally do not have time to engage in the type of labor-intensive follow-up activities that help families who receive information about health insurance programs actually enroll in them.

Both the survey results and our fieldwork indicate that partnerships between schools, nonprofit organizations, and government agencies have proven to be highly effective means of promoting Healthy Families and Medi-

Cal. Such collaborations have created innovative outreach projects and produced significant results. They also can provide needed financial resources for schools by garnering funding from private and community foundations, as well as government dollars.

## Summary of Policy Recommendations

- **Additional resources must be found to initiate and support school outreach and enrollment activities.**

  Given their limited resources and need to focus on their educational mission, schools cannot be expected to engage in health insurance outreach and enrollment activities without additional support. Surveys, interviews, and fieldwork indicate that lack of funding and staff are the most significant barriers to successful school participation in Healthy Families/Medi-Cal initiatives. Policymakers need to allocate additional funds to schools to support their outreach, enrollment, and health education efforts.

- **School-based outreach and enrollment strategies should be tested through pilot projects.**

  To determine the best methods for successful school-based outreach and enrollment, pilot projects that test various strategies and tools should be initiated. Consumers Union currently is coordinating several pilots with funding from the David and Lucile Packard Foundation. These include: a project in four school districts testing various methods of follow-up with families who express interest in learning more about Healthy Families/Medi-Cal; a project in partnership with a community organization to test a peer education model for outreach to high school students; and another project with a community organization that focuses on outreach coupled with intensive follow-up for middle school students. All levels of government, as well as private and community foundations, should consider providing resources for innovative pilot projects.

- **Policymakers should seek to institutionalize school-based efforts to reduce the number of uninsured children.**

  Schools provide an opportunity to build long-lasting, self-sustaining mechanisms for Healthy Families/Medi-Cal outreach and enrollment. One policy that could help schools build institutional capacity is creating and funding the position of health coordinator at the school district level. A health coordinator could oversee all services related to health education and health insurance initiatives and help promote: awareness of health insurance programs, enrollment and retention in such programs, and utilization of health care services.

- **Public policy should reflect schools' experiences with health insurance outreach and enrollment initiatives and seek to facilitate schools' participation in these activities.**

  Providing schools with financial incentives and support to distribute information about Healthy Families and Medi-Cal with other school materials that are regularly sent to families could improve outreach and enrollment. In addition, policymakers should explore ways that county social service agencies could partner with schools to ensure that children receiving public assistance or food stamps who are eligible for Healthy Families or Medi-Cal are enrolled in these programs.

- **The state should improve its methods for gathering and analyzing data on Healthy Families/Medi-Cal enrollment to determine which forms of outreach are most effective.**

  Although California has dedicated substantial resources to outreach and enrollment for Medi-Cal and Healthy Families, the state currently does not gather the data necessary to determine which outreach efforts are most effective in actually getting children enrolled in these programs. The Department of Health Services (DHS) should improve its data-gathering mechanisms to better capture pertinent information on the source of application requests, as well as data on subsequent enrollment, retention and utilization. In addition, DHS and the Managed Risk Medical Insurance Board (MRMIB) should align their tracking systems so that information regarding Healthy Families and Medi-Cal can be compared and aggregated.

- **More research is needed on the connection between health insurance and school performance.**

  Existing research suggests that health insurance enrollment, retention, and utilization may correspond with decreased absenteeism and higher test-score performance among students. Research that proves this connection could provide the needed incentive for state agencies and school administrators to dedicate resources to school-based efforts to promote health insurance.

The challenge of reducing the burgeoning number of uninsured children and achieving full enrollment in Healthy Families and Medi-Cal cannot be met without the participation of California's schools. Linking schools and health insurance offers a golden opportunity to expand health care coverage to all of California's children—the first step toward healthier kids and healthier schools.

# Introduction

**More than 2 million children in California lack health insurance—the highest percentage and number of uninsured children of any state in the nation.[1] Without health coverage, children often lack access to necessary and preventive health care services. Yet a remedy exists for this crisis. Almost 1.5 million of California's uninsured children are eligible for, but not enrolled in, free or low-cost health insurance under either the Healthy Families Program (Healthy Families) or Medi-Cal for Children (Medi-Cal).[2] In fact, as of mid-1999, fewer California children were enrolled in Healthy Families and Medi-Cal than were enrolled in Medi-Cal alone in 1996.[3] The rising number of uninsured children underscores the need to redouble efforts to get all eligible children enrolled in Healthy Families and Medi-Cal.**

If they receive adequate funding and technical assistance, schools can help extend health insurance coverage to tens of thousands—or even hundreds of thousands—of children. With more than 5.8 million children enrolled, California's public schools offer the most efficient means of reaching out to the majority of eligible children.[4] In addition to sheer numbers, schools offer many other attributes: the public school system is a community-based resource operating throughout the state; schools have well-established relationships with parents; and they are experienced at delivering other public benefits such as child nutrition programs.

A Kaiser Family Foundation study found that parents view the public school system as a trusted resource for health insurance information for several reasons—most notably because they trust school staff.[5] Schools are also accessible and convenient places to elicit and sustain parent involvement in issues concerning their children's health. And schools benefit when their students have health insurance and receive needed health care. Good health is fundamental to a child's ability to learn and perform well in school.

Across the country, schools recently have been recognized as vital partners in the campaign to reduce the ranks of uninsured children. At the national level, in October 1999 President Clinton directed the Secretaries of Health and Human Services, Education, and Agriculture to recommend actions that would encourage school-based outreach for and enrollment in children's health insurance programs and make these activities "an integral part of school business."[6] The President's budget proposal, announced in January, also seeks to expand the role that schools play in identifying uninsured children who are eli-

gible for publicly-funded health insurance and enrolling them in these programs. Indeed, several states have implemented school-based outreach programs to boost CHIP enrollment.[7] In California, a variety of efforts to involve schools in health insurance outreach and enrollment are underway, but their potential has yet to be fully realized.

In 1998 Consumers Union established *Healthy Kids, Healthy Schools*, a project funded by the David and Lucile Packard Foundation and the Henry J. Kaiser Family Foundation, to explore opportunities to connect schools with Healthy Families and Medi-Cal. *Healthy Kids, Healthy Schools* staff, working in collaboration with other nonprofit groups and government agencies, strive to involve more public schools in health insurance outreach and enrollment activities and increase coordination among schools and other community organizations participating in these efforts. This report describes the research and fieldwork that Consumers Union has undertaken, and our policy recommendations for making outreach for and enrollment in Healthy Families and Medi-Cal an integral part of the mission of California's public schools.



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# Overview of Healthy Families and Medi-Cal

**This section provides a brief overview of the Healthy Families Program (Healthy Families) and Medi-Cal for Children (Medi-Cal), their administration, and historical challenges to enrolling every eligible child in California.**

## Program Structures

To obtain the federal funds available under CHIP, California expanded Medi-Cal coverage by raising children's income eligibility levels and created a new health insurance program, Healthy Families. These changes, which took effect on July 1, 1998, enable more children and youth up to the age of 19 to qualify for low-cost or free health insurance. Together, Medi-Cal and Healthy Families provide a mail-in "single point of entry" process that makes it easier to apply and a joint application so that children who do not qualify for one program can be referred to the other. Depending on their age, children may be eligible for Healthy Families or Medi-Cal if their families' incomes are below 250% of the Federal Poverty Level (FPL).[8] School-age children (those older than six) are eligible for Medi-Cal if their families have incomes at or below 100% of FPL; they are eligible for Healthy Families if their families have incomes up to 250% of FPL. Medi-Cal does not require premium payments or co-payments for health care services. Healthy Families, in contrast, requires monthly premiums ($4-$9 per child up to a maximum of $27 per family) and requires a $5 co-payment for some services. In addition to their substantive differences, the programs are administered by different state agencies: the Managed Risk Medical Insurance Board (MRMIB) administers Healthy Families, while the Department of Health Services (DHS) has oversight of Medi-Cal. DHS is charged with implementing a public education and outreach campaign and has hired private contractors who employ a variety of strategies to increase public awareness of Healthy Families and Medi-Cal.

Government agencies and community-based organizations have devoted significant time and resources to identify eligible children and help them get health insurance. These efforts have begun to bear fruit: by late February 2000, there were 239,620 children enrolled in Healthy Families.[9] In October 1999, there were 2,766,579 persons under 20 years of age enrolled in Medi-Cal.[10] Yet nearly 1.5 million eligible children are still uninsured, lack adequate access to health care, and suffer from easily preventable health problems. Of the more than 2 million uninsured children in California, up to 838,000 are eligible for Medi-Cal, while 639,000 are eligible for Healthy Families.[11]

Quotations featured in this report are excerpted from responses to Consumers Union's written survey of California's school nurses, Healthy Start personnel, and other school personnel, Spring 1999.

## Barriers to Enrollment

Both Healthy Families and Medi-Cal have faced a number of challenges in enrolling eligible children. Among the most significant are confusing eligibility requirements, concerns about how enrollment would affect immigration status, a complex application process, and the stigma that is often associated with Medi-Cal. Schools can help erode some of these barriers by participating in education and information campaigns targeted to eligible children and their parents.

### Lack of Information for Interested Families

Lack of information—or misinformation—has been a major obstacle to enrollment. Some families have not applied for Healthy Families or Medi-Cal because they do not understand the eligibility requirements. Other families believe that because they have been denied Medi-Cal in the past, they are ineligible for either program. Still others think that they do not qualify because they are employed or own a home. Some parents may believe that they cannot afford out-of-pocket expenses such as monthly premiums and co-payments. Clearly, many families have received misinformation or have misconceptions about the programs. They need accurate, accessible, and comprehensible information that describes Healthy Families and Medi-Cal and their eligibility guidelines. Because school staff frequently communicate with parents on issues affecting their children, schools are well-positioned to deliver such information.

### Immigration Issues

*"Immigration concerns are the biggest barrier to enrollment in Healthy Families in our school."*

--Sacramento County

The concern about federal "public charge" policies is a primary deterrent to enrolling eligible immigrants. The Immigration and Naturalization Service (INS) evaluates whether immigrants are likely to be able to support themselves and their families, or whether they are likely to become primarily dependent on public assistance. An immigrant who falls within the latter category is deemed a "public charge" and can face serious consequences as a result. Immigrants who are found to be likely to become public charges can be denied "green cards" (legal permanent resident status). In addition, permanent residents who are found to have become public charges after they settle in the U.S. can be denied re-entry to the country after a trip abroad of more than six months. In very rare cases, "public charge" immigrants can face deportation.[11] Because many immigrant parents fear that if their children receive benefits from Medi-Cal or Healthy Families the INS will deem them public charges, they do not participate in these programs even though their children meet the eligibility requirements.

In May 1999, the Department of Justice issued a field guidance to INS officers and a proposed regulation to alleviate these fears and address the widespread confusion about "public charge" policies. The field guidance and proposed regulation explain that enrollment in Healthy Families or Medi-Cal will have no bearing on whether an immigrant is deemed a "public charge" and will not affect immigration status.[13] This is vital information, and schools can play a key role in spreading the word to immigrant families. Because immigration issues are sensitive, families must receive the "public charge" clarification from trusted entities and individuals. Schools are perfectly situated—in terms of community status and accessibility—to disseminate this kind of information.

### Lack of Familiarity with Insurance Concepts and Health Care Utilization

Some families do not enroll in Healthy Families or Medi-Cal because they are not accustomed to having health insurance and do not regularly utilize health care services. If their children are not sick, parents may be reluctant to enroll them in health coverage that requires monthly premiums. Even if they do initially enroll, many parents do not keep up with the premium payments. In the past year, approximately 40 percent of disenrolled Healthy Families subscribers lost their coverage because they did not pay the premiums.[14] Financial constraints may explain why some subscribers fail to pay premiums. But this data may also indicate that these subscribers did not view health insurance as a top priority or that they did not experience tangible benefits from having health insurance. Indeed, families who have never before had insurance may be less likely to use the full range of available benefits when they enroll in Healthy Families or Medi-Cal. School-based outreach efforts should strive to educate parents not only about the availability of affordable health coverage, but also about why insurance is worth having. Such efforts should also strive to ensure that parents are aware of all the services that Healthy Families and Medi-Cal cover and know how to utilize these services.

*"It seems most families have difficulty seeing the need [for insurance] if their children aren't sick."*

—Orange County

### Stigma of Medi-Cal

Medi-Cal historically has had a significant stigma associated with it, resulting from years of burdensome eligibility requirements and enrollment processes, demeaning attitudes of eligibility workers, and inadequate services by health care providers.[15] Discussions with outreach workers who provide application assistance revealed that the primary reasons why families decline Medi-Cal coverage are immigration fears or the stigma associated with Medi-Cal. Yet the negative perception of Medi-Cal may not be immutable. A recent

national survey on overcoming barriers to enrollment of children in Medicaid shows that many families across the country value Medicaid and consider it a good program. This survey, conducted by the Kaiser Commission on Medicaid and the Uninsured, found that: "Overwhelmingly, parents of Medicaid enrolled children (94%) and parents of eligible uninsured children (81%) say that Medicaid is a good program. Low-income parents appreciate the program because it is affordable and free and because it provides access to health care services."[16] Modifications to the Medi-Cal system—ranging from streamlining the application procedure to shifting administration away from county social services offices—have been proposed to mitigate the negative perceptions of Medi-Cal.

### Burden of Initial Premium Payment and Waiting Period

To apply for coverage under Healthy Families, applicants are required to include the initial premium with their application—before their eligibility for the program has been determined. If the applicant is ineligible for Healthy Families or is eligible for no-cost Medi-Cal, the state must return the premium. Delays in returning premium payments to applicants have been an ongoing problem. Because maintaining adequate cash flow is often a challenge for low-income families, such delays cause hardships for some applicants, add to their frustration with the application process, and make it less likely that they will reapply.

Another obstacle relates to employer-sponsored insurance. Some families who qualify for employer-sponsored insurance would prefer to switch to Healthy Families because it is less costly and may offer better benefits. However, they are subject to a three-month waiting period after they terminate their employer-based coverage before their children are eligible for Healthy Families.[17] This requirement forces parents to leave their children uninsured for three months or purchase an expensive private policy.

### Complex Application Procedure

In June 1998, DHS and MRMIB developed a joint application for Healthy Families and Medi-Cal. The result: a daunting 28-page application packet. Due to its length and complexity, the application itself became a major barrier to enrollment. In October 1998, the state convened an application revision working group and charged it with simplifying the application.[18] After months of work and focus-group testing, in April 1999 the state released a four-page application with four pages of instructions. The revisions also reduced the additional documentation that applicants are required to submit. The application has been translated into 11 languages.[19]

The revised application represents a tremendous improvement over the original. Nevertheless, the questions that address family income can be complicated, and applicants still must submit some additional documentation. As a result, many applicants require assistance to complete the application. Another step toward simplifying the application procedure is a new Web-based application developed by the Medi-Cal Policy Institute and the California HealthCare Foundation with the cooperation of DHS and MRMIB. The "health-e-app," which is currently in the pilot-testing phase, will allow applicants to use Internet technology to complete the Healthy Families/Medi-Cal application and will expedite eligibility determinations. This online application offers several advantages, such as: reducing the current six-day paper screening process to minutes; decreasing the current application error rate; and expanding opportunities for children to be enrolled at school events, community health fairs, and other convenient locations.

# Opportunities for Improving Children's Health through California's Schools

**California's public schools can assist in alleviating many of the barriers to enrolling children in health insurance programs. Consider the attributes that schools can bring to outreach and enrollment efforts: the school system is a trusted, established, statewide, community-based resource. With adequate direction, schools can help bring tens of thousands—or even hundreds of thousands—of uninsured children into the health care system. And schools can provide general health and health-insurance education, which could improve not only enrollment figures but also utilization of health care services and retention in Healthy Families and Medi-Cal.**

*"Having families connected to a health provider all the time is a big step toward health. When children have underlying health needs met, they are ready to learn."*

–Sacramento County

Schools have a compelling interest in ensuring that all students have health insurance: studies have shown that absenteeism is associated with school failure, and poor children are two to three times more likely to miss school due to illness than children who are not poor.[20] For example, students who get their care at public clinics often miss an entire day of school for a single appointment.[21] Beyond the negative effect of absences on a child's education, every student absence represents a decline in the school's Average Daily Attendance (ADA).[22] Because the ADA tally forms the basis for the allocation of state educational funds, schools feel a direct financial impact when students miss their classes. Moreover, since schools are increasingly held accountable for standardized test scores, students who are frequently absent for health reasons may hamper their schools' abilities to improve test scores.

Currently, there are structures in place that could facilitate school engagement in Healthy Families/Medi-Cal outreach and enrollment activities. With proper coordination and enhanced support, these structures could provide a basis for effectively using the school system as a center for health insurance outreach, education, enrollment, and retention.



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### Finding the Staff for School-Based Outreach and Enrollment

Although personnel structures differ from school-to-school and district-to-district, many schools already have staff dedicated to serving or overseeing the health needs of students. These include school nurses, health clerks, school-based clinic staff, and parent liaisons. In some schools, local government health personnel, from clinicians to counselors, spend part of their time working at school sites to provide health services to students.

With additional resources, the tasks required for Healthy Families/Medi-Cal outreach and enrollment can be integrated into the job descriptions of school-based health personnel, thereby streamlining the process. Some districts and schools already have taken this step. Surveys and interviews of school personnel indicate that many are enthusiastic about the Healthy Families and Medi-Cal programs and willing to get involved. Currently, however, many of these staff members are already burdened with heavy caseloads and responsibilities. They need additional resources to support new outreach and enrollment initiatives.

Healthy Start employees represent another potential resource for health insurance outreach and enrollment activities. The Healthy Start Initiative, begun in 1991, is a California program in which schools, families, neighborhoods, and public and private agencies and businesses work together to meet student and family needs.[13] Local collaboratives determine their own goals, but all focus on learning and seek generally to improve students' physical and mental health, keep their neighborhoods safe, and help families achieve economic self-sufficiency.[14] With state funding, the Healthy Start Initiative awards planning and operational grants to school districts and county offices of education and their local collaborative partners. Grant recipients, in turn, develop integrated plans to open and operate Healthy Start sites in one or more schools that offer comprehensive support to both students and family members. Healthy Start sites typically offer a range of services, such as recreation and cultural celebrations, child care, peer support, health care, and job training.[15] As of September 1999, Healthy Start had awarded 1,113 grants to sites serving almost 2,600 schools statewide.[16]

*"Families are really starting to call Healthy Start for health insurance assistance."*

--Plumas County

Many Healthy Start sites are already engaged in Healthy Families and Medi-Cal outreach and enrollment; indeed they often have personnel who are trained to help families complete applications. By continuing and expanding Healthy Start Initiative grants to cover more schools, Healthy Start sites could play a crucial role in school-based efforts to enroll children in health insurance programs.

Recognizing their potential to help uninsured students get health coverage, some schools and school districts already have initiated programs to promote enrollment in Healthy Families and Medi-Cal. These pioneers are creating models that others can follow. And their experiences show that there is no single formula for success; schools can tailor strategies to fit their particular needs and circumstances.

### Spreading the Word: Flyers, Phone Calls, & School Television Stations

The most common outreach method used by California schools is distributing flyers to children in school packets or to parents at back-to-school nights, school registration, or other school events. One school in the Pierce Joint Unified School District in Colusa County included outreach flyers with the approval letters sent to families accepted into the School Lunch Program. Such flyers are usually reproductions of the state's outreach materials and provide parents with the state's toll-free information number for Healthy Families and Medi-Cal. Some districts and Healthy Start sites have distributed outreach materials that provide the contact information of a local enrollment entity. These materials may be more effective than state flyers because they usually direct families to a recognized community center or agency and bypass the impersonal statewide toll-free number.

*"I feel I have a population that could really use [Healthy Families] if only I could identify them and get the word out."*

—Sonoma County

Distributing flyers is an easy and cost-effective way to reach a high volume of parents. Yet because most schools do not track whether parents who receive flyers actually apply for enrollment in Healthy Families or Medi-Cal, it is difficult to evaluate their efficacy. The best opportunities for outreach through flyers may be at school events that offer parents the opportunity to ask questions about health insurance and even fill out an application.

Other schools have employed a more direct means of outreach: phone calls to parents. Well-targeted phone calls can be a particularly effective vehicle for spreading the word about Healthy Families and Medi-Cal since they offer the benefit of personal contact with parents and the opportunity to make an appointment for application assistance. For example, schools have used student emergency information cards to identify uninsured children and have then placed calls to their parents. In one innovative program, the Sacramento Mayor's Commission—a collaboration between the Mayor's office, the Sacramento City Unified School District, the city, the county, and local health systems—drafted a Memorandum of Understanding to allow the Mayor's outreach workers to access typically confidential student emergency information cards for telephone outreach. Some schools have reviewed their

student attendance records and called parents of students with excessive absences. A few very small schools called the family of every student to tell them about the availability of affordable health insurance.

School health screenings provide another opportunity for outreach via phone calls to parents. Students with poor evaluations are referred to health clerks who call parents to encourage them to seek follow-up care. For example, in Elk Grove Unified School District in Sacramento County, schools work with local dentists each year to provide free dental screenings to all students. School health clerks call parents whose children need emergency dental treatment or cleanings, ask whether the children have health and dental insurance, and make referrals for both treatment and assistance with insurance applications.

A few school districts have spread the word about affordable health coverage through their cable television stations, which are viewed by parents interested in school information. Fontana Unified School District in San Bernardino County has garnered a significant response from advertisements for Healthy Start enrollment sites that ran on the district's cable station.

### Reaching Out to Parents: School Health Fairs and Parent/Teacher Conferences

Many schools host their own health fairs or similar events that draw parents to schools and provide an opportunity to disseminate health insurance information. Outreach workers can distribute flyers, ask parents if they know about insurance options for their children, and assist with applications. Some schools have partnered with community organizations and county or city governments to organize enrollment events.

For example, Alum Rock Union Elementary School District (Alum Rock), with local partners, organized enrollment events called Healthy Family Application Assistance Days. The district promoted these events by sending flyers in English, Spanish and Vietnamese home with children; district staff also invited government officials, media personalities, school principals, superintendents, and school board members. Local certified application assistants attended to help with the enrollment process, and over 1,000 children were enrolled at these events. Alum Rock also organized other Healthy Families outreach activities and presentations to parents at local schools. District staff made phone calls to invite parents and guardians who previously had requested information about health insurance for their children. This personal outreach boosted attendance, and several hundred health insurance applications were completed at these events. Similarly, the Santa Monica-Malibu Unified School District, in collaboration with the Social Service

Commission and the City of Santa Monica, held an enrollment event at a local middle school that was organized like a health fair and succeeded in enrolling approximately 200 children in Healthy Families or Medi-Cal.

Parent/teacher conferences also are an opportune time for teachers to discuss with parents any medical issues they observe in their children. Some teachers have Healthy Families/Medi-Cal flyers from local enrollment entities on hand to give to parents. Schools in the Vacaville Unified School District in Solano County ensure that, when appropriate, teachers provide parents with referrals to the Solano Kids Insurance Program (SKIP), a county-wide outreach and enrollment organization.

### Targeting Students Likely to Be Income-Eligible: National School Lunch Program

The National School Lunch Program (the School Lunch Program) was established over 50 years ago to deliver nutritional meals to America's school children. Today the School Lunch Program is well-respected and relatively well-utilized by eligible children from low-income families. In addition to being a model of a successful school-based government benefits program, the School Lunch Program could be a useful source of information on eligibility for Healthy Families and Medi-Cal. The School Lunch Program serves free meals to children from families with incomes below 130% of the Federal Poverty Level (FPL) and reduced-price meals to children from families with incomes from 130% to 185% of FPL. The income eligibility requirements for the School Lunch Program overlap with the income eligibility requirements for the health insurance programs, which cover children from families with incomes below 250% of FPL.[47] Moreover, enrollment data for the lunch program is regularly compiled and currently available as an estimate of enrollment potential for Healthy Families and Medi-Cal. A number of states have developed successful outreach plans for children's health insurance programs by linking with the School Lunch Program, including Florida, Illinois, and Washington.

In California, Consumers Union's *Healthy Kids, Healthy Schools* staff spearheaded a pilot project with DHS, MRMIB, DHS's School Health Connections office, and the California Department of Education (CDE), to use the School Lunch Program as a vehicle for Healthy Families and Medi-Cal promotion and outreach. Schools participating in the project included a Healthy Families/Medi-Cal Request for Information (RFI) form in their School Lunch Program application and information packets, which are sent to all parents. The outreach process works as follows: parents interested in health insurance complete the RFI form, return it to the school or DHS, and receive an application for

Healthy Families/Medi-Cal. This process has proven to be a successful way to reach families who are potentially eligible for these programs. Since July 1999, more than 140 school districts in 48 counties have participated in the pilot project and the School Lunch Program is currently the number one source of requests for Healthy Families/Medi-Cal applications.

Building on the success of the RFI as an outreach tool, Consumers Union is working closely with four school districts (in West Contra Costa, Los Angeles, San Mateo, and Santa Clara Counties) to test a variety of methods for following up with families who request information about Healthy Families and Medi-Cal. The strategies employed by these districts reflect three key principles underlying school involvement in promoting children's health insurance: (1) outreach is critical, but enrollment, retention, and utilization are the ultimate goals; (2) schools and districts must have flexibility to customize outreach and enrollment activities to most effectively serve their students; and (3) partnerships between schools and other organizations are crucial.

All of these districts' projects share some common strategies for moving beyond outreach to achieve the next goal of enrolling more children in Healthy Families and Medi-Cal. All four districts and/or their community partners provide direct application assistance to families who return the RFI form. For example, the Los Angeles Unified School District (LAUSD) is working in partnership with CHAMP, a nonprofit group, to ensure that all interested families have the help they need to complete health insurance applications, with a focus on the San Fernando and South Central "clusters" within the district. LAUSD contacts families who submit RFI forms, provides them with applications, informs them about enrollment events, and schedules appointments for application assistance.

Another shared element in the districts' plans is the creation of databases to track families who complete the RFI forms and to measure the success of outreach efforts. For example, West Contra Costa Unified School District has hired outreach workers with funding from Contra Costa Health Services to help the food services director collect the RFI forms and maintain a database (developed with Consumers Union) to contact families and offer assistance in completing the applications.

And all of these pilot projects involve collaboration between the schools, government, and community-based organizations to ensure thorough follow-up to interested families. For example, the Alum Rock Union Elementary School District has created a partnership between school districts in their vicinity and a local organization, Santa Clara Valley Health and Hospital System/Valley Community Outreach Services. This group contacts

*"We have a positive collaborative group which includes Healthy Start, the school district, [the county], a Southeast Asian refugee organization, United Way, and local hospitals... I believe we have one goal and are all committed—health care for all kids!"*

—SAN JOAQUIN COUNTY

families who return the RFI form and offers enrollment assistance. Similarly, the Ravenswood City Elementary School District collaborates with San Mateo County Health Care For All, a coalition of local organizations, to assist parents with the enrollment process. This group invites interested families to attend drop-in appointments or enrollment events; it also offers families the option of having an outreach worker visit their homes to provide assistance with the Healthy Families/Medi-Cal application.

These pilot projects will evolve as the districts discover which outreach, enrollment, and tracking strategies work best. The efforts of these district and school personnel are especially noteworthy because they are participating in these pilot projects on a completely voluntary basis and, in most cases, they have limited resources. Their willingness to undertake these initiatives demonstrates that schools, working in partnership with community-based organizations and government agencies, possess enormous potential for helping children get health coverage.

In December 1999, Consumers Union issued *The Tie That Binds: Linking Children's Health Insurance with School Nutrition Programs in California.* This report describes the pilot project in more detail and summarizes the challenges and opportunities involved in using the School Lunch Program to promote health insurance and in aligning eligibility between the nutrition and health insurance programs.[28]

## Collaborating With Community-Based Organizations

Partnerships between schools and community-based organizations have proven to be highly effective means of promoting Healthy Families and Medi-Cal. With proper coordination, these collaborations can create innovative outreach projects and produce significant results. Such partnerships also can provide needed financial resources for schools. Already, several private and community foundations have funded community-based organizations that work with schools on health insurance outreach and enrollment. Some examples of such collaborative efforts include:

### Consumers Union and Communities in Schools

Communities in Schools is a nonprofit organization whose mission is to bring health and social services into schools. This group has joined with Consumers Union's *Healthy Kids, Healthy Schools* project to launch two on-site pilot projects in the San Francisco Bay Area, at Richmond High School and the 49ers Academy Middle School (located in East Palo Alto). The project at Richmond targets teenagers and focuses on information dissemination

and education using a peer education model. Students serving as peer educators have been trained in community organizing, public relations, and the logistics of Healthy Families/Medi-Cal. They have developed and implemented an outreach campaign to educate other students about health insurance.

The 49ers Academy project employs a more targeted, one-on-one outreach approach. The Academy's community liaison contacts the families of all the children at the school, provides them with information about health programs, and assists them with the enrollment process. The liaison also provides education on the benefits of health insurance and follows up with parents once their children are enrolled to ensure that they stay enrolled and use the available health care services.

### Children's Health Access and Medi-Cal for Children Program (CHAMP)

CHAMP, based in Los Angeles, offers training to school, hospital and agency employees working with low-income families (up to 300 percent of the Federal Poverty Level) to talk to these families about the importance of having health insurance for their children and to help them enroll their children in appropriate programs, whether public or private. CHAMP's goal is to make sure that health advocates (those seeking to link uninsured children with health coverage) know about the available health coverage programs so that they can help all children in a family receive the benefits of regular health care.[29] Many families are not aware that, because all children in a family may not be eligible for the same health insurance program, several programs working together may be required to cover every child in a single family. The training offered by CHAMP includes information on both state-sponsored and private programs. CHAMP is currently working with various organizations in six southern California counties: Santa Barbara, San Bernardino, Riverside, Orange, Ventura and Los Angeles.

One of the school districts with which CHAMP is working, the Los Angeles Unified School District, is piloting outreach efforts in seven of its 27 "clusters" in two regions–South Central Los Angeles and the San Fernando Valley. CHAMP has trained parent volunteers to help make other parents aware of available health care programs and organize parent meetings. CHAMP also hires parents from the community–one for each cluster area–to inform other parents about children's health insurance programs and help families enroll in these programs at school sites. Overall, schools in the seven clusters conduct promotion and outreach, as well as schedule enrollment events. They partner with community-based organizations and county offices of health and social services to provide assistance with enrollment.

### Solano Kids Insurance Program (SKIP)

The Solano Kids Insurance Program (SKIP), an initiative of the Solano Coalition for Better Health, is designed to be a "one-stop insurance shop" for the county's uninsured children. SKIP's goal is to ensure that every eligible family it contacts is eventually enrolled in a health insurance program. The program also endeavors to keep families informed about all of California's health insurance programs for children. SKIP representatives visit businesses, schools, and community events to make presentations and promote health insurance to community members.

SKIP has distributed Healthy Families and Medi-Cal information packets at back-to-school nights and has posted flyers advertising its own local toll-free number in school offices, nurses stations, and on bulletin boards. SKIP has also developed a variety of marketing materials, including: outreach cards with their toll-free number; data cards that collect basic eligibility information on potential applicants; and business cards with space to write an appointment date and time for application assistance. This program calls upon SKIP's certified application assistants not only to make appointments to help families complete applications, but also to follow up on missed appointments.

In addition, SKIP is working with school nurses to plan a comprehensive information campaign. This project will include presentations to school groups, phone calls to uninsured children identified via student emergency information cards, a school site enrollment event where enrollees can receive free tickets to Marine World, and special mailings to high school athletes about the need for insurance to obtain required physicals.

To further build community awareness, SKIP is working with local television stations, newspapers, and radio stations to increase coverage about children's health programs. Beyond these innovative outreach techniques, SKIP also is developing an education and retention plan involving quarterly calls to each new client to ensure that they are effectively using their new health plan. SKIP received a Medi-Cal outreach grant from the state and is offering mini-grants to community organizations in Solano County to assist with enrollment.

### First Things First Initiative

In 1998, the California HealthCare Foundation allocated $1.5 million to the First Things First Initiative. Through this initiative, the foundation awarded ten grants to community-based coalitions seeking to reach families whose children were eligible for Medi-Cal but not enrolled. Three of the grantees, located in Fremont and Los Angeles, received funding to work directly with

public schools. In Fremont, a community-based coalition received referrals from school nurses, principals, teachers, and the School Lunch Program and targeted those families for education on Medi-Cal eligibility. Many of the coalition's outreach workers are immigrants who are often better able to help prospective applicants overcome language and cultural barriers. In Los Angeles, a community-based organization received a grant to outstation eligibility workers at school-based clinics, community agencies, and Head Start programs. They provide health insurance application assistance to families with uninsured children living in the following areas of Los Angeles county: Inglewood, Hawthorne, Long Beach, and Lennox. A third grantee, the National Health Foundation, was funded to work with schools in the Los Angeles Unified School District through the CHAMP project. This group trained school district staff to help them understand public health insurance options. Although the First Things First Initiative has concluded, many of the grantees have found other sources of funding to continue their outreach projects.

*"We are very pleased to have outstationed Medi-Cal workers in our Family Centers and clinic three days a week."*

—Los Angeles County

### California Covering Kids and Families

In 1998, this statewide health policy coalition—comprised of health advocates, providers, professional health associations, and representatives from key state agencies—received funding from the Robert Wood Johnson Foundation to increase access to health insurance programs for children and families in California.[10] The current focus of the program is to (1) identify and promote effective outreach strategies to increase enrollment in Healthy Families, Medi-Cal, and other health coverage programs; (2) simplify the eligibility and enrollment process; (3) enhance coordination among existing health coverage programs; and (4) increase the availability of affordable public and private health coverage for children and families. As part of their three-year grant they have launched three pilot projects, one of which focuses on school-based outreach and enrollment in San Diego.

### Working with State Agencies

The state's school-based Healthy Families and Medi-Cal outreach campaign has been a collaborative effort involving staff from the Department of Health Services (DHS), the California Department of Education (CDE), the Managed Risk Medical Insurance Board (MRMIB), and DHS' School Health Connections office.

### School Health Connections

DHS' School Health Connections plays a leading role in the state's efforts to partner with schools to promote Healthy Families and Medi-Cal. School Health Connections is an interdepartmental program between DHS and CDE dedicated to improving the health and academic success of children and youth. Its approach combines health education, health promotion, disease prevention, and access to health services in an integrated and systematic manner. School Health Connections has developed a School Outreach Plan to enlist the participation of key education affiliated organizations throughout California in promoting affordable health care for children and boosting enrollment in Healthy Families and Medi-Cal. Implementation of this plan, which is funded by the David and Lucile Packard Foundation, involves: (1) providing technical assistance to partners at the state and local levels on health insurance outreach and enrollment efforts targeted to schools; (2) maintaining and expanding partnerships with school-affiliated associations, such as the California School Boards Association, to encourage local members to take an active role in outreach and enrollment efforts; and (3) broadly disseminating information and strategies through: publishing newsletters, including articles in school-affiliated newsletters, making presentations at conferences, and creating links between the web sites of school affiliated groups and the Healthy Families web site.

In addition to engaging in the pilot project involving the School Lunch Program, in June 1999 School Health Connections sent a direct mailing to all county and district superintendents, school nurses and Healthy Start coordinators. Total distribution was close to 3,000. The letter, which was co-signed by DHS, CDE, and MRMIB, requested that schools distribute a Healthy Families/Medi-Cal enrollment information flyer (available in 11 languages) to parents in back-to-school packets, at back-to-school nights, with school lunch menus and through a variety of other venues throughout the year. Approximately 130 school districts from 40 counties participated in this effort. Preliminary data shows that the majority of school districts that participated in these efforts were in addition to the districts that participated in the School Lunch Program pilot project.

School Health Connections also worked in partnership with the California School Boards Association (CSBA) and CDE to complete a sample school board policy, administrative regulation, and resolution that incorporate Healthy Families and Medi-Cal outreach and enrollment efforts as an integral component of ensuring the health and academic success of children. CSBA distributed the sample policy to its policy subscribers in December

1999. The policy compendium will be distributed to all of CSBA's membership in Spring 2000 and members will be urged to demonstrate their district's support and commitment to the health and academic achievement of children by adopting the policy.

### DHS Outreach Contracts

DHS awards contracts to community-based organizations—including school districts—to fund health insurance outreach and enrollment activities. In November 1999, DHS awarded a total of $6 million allocated among 72 contracts, including six contracts to school districts and one to a county office of education. These contract awards allow districts to fund staff positions, purchase equipment, and conduct enrollment activities.

# Demographic and Field Research

**Consumers Union has gathered a variety of data to better understand the landscape of California's public schools in relation to children eligible for Healthy Families/Medi-Cal. This data can inform efforts to implement school-based health insurance outreach and enrollment activities. This section explains our methodology and sets forth our findings.**

## Research on School Demographics

During the 1998-99 school year, more than 5.8 million children were enrolled in California public schools, spread among more than 8,300 facilities across 58 counties with diverse geographic and demographic characteristics. Geographically, school enrollment approximates the population distribution of the state, with the greatest number of schools located in the largest cities. County school enrollment statistics indicate that most schoolchildren are located in the southern part of the state, with 56 percent of children attending schools in Los Angeles, San Diego, Orange, San Bernardino, Riverside, and Imperial counties.

In the Spring of 1999, Consumers Union compiled data on California's schools and school resources including: certified enrollment entities; Healthy Start sites; and Local Education Agency (LEA)-billing school districts. To the extent possible, Consumers Union collected county-level data to determine which areas had the greatest need for school-based outreach for children's health insurance programs and where resources already existed. This information (based primarily on 1998 data) has been compiled on a CD-ROM that shows—for each county in California—statistics on school enrollment, School Lunch Program enrollment, Healthy Families enrollment, Medi-Cal "certified eligible" data, and estimates of uninsured children." This wealth of information can help schools and organizations collaborating with them to tailor outreach and enrollment plans to best suit particular counties or regions.

## Field Research: Surveys and Interviews

Consumers Union's field research, which was conducted between January and June of 1999, had three components: 1) a written survey of school nurses; 2) a written survey of Healthy Start staff; and 3) a telephone survey of selected schools and school districts. We sent the written surveys to more than 1,800 school nurses and Healthy Start employees statewide. Recognizing that personal contact is also essential to understanding schools' perspectives, we conducted telephone interviews with nearly 100 school personnel.

The goal of our surveys was to obtain information from school-level personnel on their familiarity with and involvement in outreach for children's health insurance. We also wanted to determine whether there were administrative, institutional, and/or cultural barriers to conducting outreach through schools. The surveys requested information about the nature, extent, and efficacy of existing outreach strategies: the partners involved in these efforts; the quality of the partnership; school and community barriers to outreach; and familiarity with the process for having personnel trained as certified application assistants.

We had a response rate of 15 percent for the school nurse survey and 13 percent for the Healthy Start survey, suggesting an overall interest in Healthy Families/Medi-Cal outreach and enrollment. We received responses from school nurses in 38 counties and from Healthy Start personnel in 28 counties. In our phone survey we contacted and interviewed school personnel at 92 school sites in 43 counties. In total, our three school surveys collected information from 46 of the 58 counties statewide.

*"I'd like the name of a person I can call to see if the students we service are potentially eligible for this program and [to learn] what I can do as a school nurse to facilitate the [enrollment] process."*

–Contra Costa County

### Overview of Survey Results

Together, these three field surveys provide a snapshot of school-based outreach for and enrollment in Healthy Families and Medi-Cal throughout California. Because participation in the surveys was voluntary and we focused on school health personnel, the responses may not be representative of all schools or school staff. But those who participated in the surveys recognize how important health insurance is to the well-being of their students and most are eager to participate in outreach. A number of school staff emphasized that health and education are directly linked. School personnel see firsthand the health and vision problems of uninsured children and are enthusiastic about the potential solutions that state health insurance programs provide. Furthermore, they are aware that they must play a role in outreach because they have daily contact with the target audience of uninsured children.

### School Nurses Survey

In March 1999, Consumers Union sent a survey to over 1,100 members of the California School Nurses Organization (CSNO), the largest organization for school nurses in the state. CSNO members serve children from birth through 22 years of age in all school settings. We targeted school nurses because, as the central figures in most school health programs, they are the school personnel most likely to have information about children's health insurance and the status of school outreach efforts. In fact, 95 percent of the 175 school nurses who responded to our survey indicated that they were familiar with Healthy Families and Medi-Cal.

❖ ***School Nurse Survey Results***

- More than two-thirds of responding nurses say that Healthy Families and/or Medi-Cal are being promoted in some fashion in their school district and one-half of those responding say promotion is underway at their school.
- Most school-based outreach is conducted by word-of-mouth or by distributing printed material in back-to-school packets or newsletters. Only 26 percent of responding nurses use active methods such as presentations at meetings or school events.
- Many nurses surveyed do not feel that school outreach efforts have been successful in enrolling children in health insurance. The most frequently mentioned obstacles to enrollment include: difficulty completing the Healthy Families/Medi-Cal application (42%); lack of response from families (39%); immigration concerns (39%); and language issues (19%). The minority of nurses who feel they have been successful in their outreach efforts emphasize the importance of personal contact with parents.
- Outreach efforts usually involve collaboration with outside groups, especially community-based organizations and clinics. Many respondents note that they are working with their districts' Healthy Start sites.
- Nurses who collaborate with other agencies enjoy working in a team to generate ideas, but find that working with non-district staff and coordinating schedules with these partners can be challenging.
- Nurses not engaged in outreach are eager to get involved. Many nurses surveyed note that a lack of resources and staff present the most significant barriers to school participation.
- Effective outreach methods cited by nurses include: word of mouth, referrals made at the point of service, community meetings, and phone calls to families of students whose emergency information cards reveal no insurance coverage.

- The majority of respondents (77%) are familiar with the application assistance and training process, but only 40 percent have certified application assistants (CAAs) at their school. These CAAs are most often school employees (25%) or health professionals (18%).
- Most nurses make referrals to organizations that offer application assistance. Nurses responding were evenly split among those who know how to obtain a list of CAAs in their area (40%) and those who do not (40%).

### Healthy Start Sites Survey

We conducted this survey with the assistance of the Healthy Start Field Office, which used the Healthy Start Listserv to send the survey via e-mail to approximately 700 Healthy Start personnel and other affiliated parties.

Because Healthy Start takes a comprehensive approach to child health needs—including access to regular medical care—it plays a critical role in health coverage for children. Consumers Union therefore identified the Healthy Start community as a group likely to possess a wealth of knowledge about health insurance outreach activities in schools. Our survey found that 91 percent of the 58 respondents were familiar with Healthy Families and Medi-Cal.

❖ ***Healthy Start Sites Survey Results***

- About 70 percent of Healthy Start respondents note that active promotion is underway in their district, and 55 percent report that it is occurring at their school. Healthy Start personnel have a high level of collaboration with community organizations (47%), clinics (49%), and other groups (31%).
- Approximately the same percentage of Healthy Start respondents as school nurses have used printed material (58%) and word of mouth (62%) in outreach, but a greater percentage (34%) engage in active outreach such as presentations at meetings, school events, and other methods involving personal contact.
- Healthy Start personnel encounter the same obstacles as school nurses, including immigration concerns (51%), lack of response from families (45%), and difficulty completing the application (33%).
- Nearly 88 percent of respondents are familiar with the application assistance and training process, and 70 percent have CAAs on site. These CAAs are usually school or Healthy Start employees.
- Healthy Start sites without CAAs usually refer applicants to other entities for application assistance. Like the school nurses, Healthy Start respondents were evenly divided among those who know how to obtain a list of CAAs in their area (39%) and those who do not (39%).

### School Sites and School Districts Telephone Survey

The third component of our field study consisted of telephone interviews with school personnel. In July 1998, DHS sent a direct mailing to 7,000 principals and 1,058 superintendents in California. This mailing included sample Healthy Families/Medi-Cal promotional materials and an order form that districts could return if they needed assistance in reproducing the materials. Over 230 schools and school districts returned the order form and requested approximately 215,000 parent information sheets, while others duplicated and distributed the materials themselves. Working with staff at MRMIB and Electronic Data Systems, a state contractor, Consumers Union obtained contact information for specific employees in schools and district offices statewide. These contacts included both health and non-health personnel.[31] Consumers Union staff conducted telephone interviews with 92 of these schools and districts to learn how the promotional materials were used and how parents and school staff responded.

❖ ***School Sites and School Districts Telephone Survey Results***

- Nearly all of the schools and districts distributed the state-produced flyers to every household in their school community and posted flyers in their building.
- After distributing the flyers, only 36 percent engaged in some form of follow-up outreach. Commonly cited reasons for not following up with families include lack of resources/staff (20%), lack of time (15%), and the absence of any requirement to follow up (38%).
- The most active staff members in those schools and districts that conducted follow-up outreach are Healthy Start workers (36%), followed by school nurses (23%), and health clerks (19%).
- The most common method of outreach follow-up, employed by 22 percent of schools contacted, is the use of a school event, meeting, or assembly to distribute flyers or make a presentation about health insurance.
- Twenty percent of schools distribute either modified state flyers, locally-developed flyers, or send targeted mailings to families likely to have uninsured children identified through either school lunch data or student emergency information cards.
- Schools that engage in follow-up outreach typically employ multiple strategies.
- While 65 percent of school personnel contacted are aware of the CAA process, only 45 percent have CAAs in their school or district.

## Challenges Facing Schools in Enrollment Activities

Our field surveys indicate that the challenges for school-based outreach and enrollment initiatives center around insufficient resources and support to embark on sustained, coordinated programs.

### Lack of Time, Staff and Information

In the school nurses survey, lack of resources or staff was cited twice as often as any other reason for not participating in Healthy Families/Medi-Cal outreach and enrollment. In fact, our survey shows that some school nurse—who are passionate health advocates but often responsible for thousands of students whose acute medical needs demand all their attention—are stretched too thin to assume added tasks. Nurses working without health assistants in their districts have particularly taxing schedules, leaving them little—if any—time to develop and implement a full-scale outreach program.

*"It's very difficult to find time to call the families. I find myself reaching only the families I contact about other issues."*

–Marin County

Because of understaffing, many school nurses can only promote Healthy Families and Medi-Cal by referring parents of uninsured children to outside organizations that provide application assistance. Others said that outreach at their schools is limited to distributing flyers and word-of mouth promotion. School nurses who responded to our survey generally do not believe that their outreach efforts to date have been very successful in enrolling children—but with proper support they are eager to improve outreach.

While many school health personnel have heard of Healthy Families and Medi-Cal and think that these programs could benefit their students, they do not have time to research the particulars of the application process or devise a creative, comprehensive plan to reach eligible families. Some schools said that they needed more outreach strategies, materials, and training about Healthy Families and Medi-Cal. For example, some survey respondents said that they needed information about eligibility requirements and wanted training on how to promote these programs in their schools. Many noted that they did not have certified application assistants at their school.

But even if schools receive such information, most do not have sufficient staff to make health insurance outreach, which is not mandatory, a priority. Schools that lack health personnel are even more disadvantaged in conducting outreach. Without the regular presence of a school nurse or a program such as Healthy Start, these schools may simply be unable to burden themselves with additional responsibilities. Indeed, while most school districts are willing to pass out the state's informational flyers, many can go no further without additional staff. School personnel generally cannot engage in the type of labor-intensive follow-up activities that help families who receive information about health insurance programs actually enroll in them.

### Lack of Support by Administrators

*"My school administrators are not supportive or knowledgeable–efforts need to be made to enlighten them!"*

–Los Angeles County

While individual staff are often willing and eager to engage in outreach and enrollment, they need the support of school and district administrators. When school leadership has not made outreach a priority, staff are likely to remain uninformed about Healthy Families and Medi-Cal. To educate a broader range of school personnel about these programs, Consumers Union and DHS' School Health Connections made presentations to county assistant superintendents and food services directors that provided information about Healthy Families and Medi-Cal and suggestions for how schools could participate in outreach and enrollment activities. These groups provided very positive feedback about the presentations. Our experiences indicate that it pays to spend time personally educating administrators: informed administrators appreciate the importance of school-based efforts and will support, direct, and pass on information to other school personnel.

## *Healthy Kids, Healthy Schools*: Current Field and Policy Work

*"I try to reach as many families as I can, but I feel something more is needed and I need advice."*

–Sacramento County

To support school efforts and help overcome some of the barriers revealed in the surveys, Consumers Union's *Healthy Kids, Healthy Schools* project currently is engaged in a variety of fieldwork and policy analysis. Our work aims to make schools vital partners in the campaign to achieve full enrollment in Healthy Families and Medi-Cal.

### Providing Technical Assistance

Schools have indicated a lack of coordination and a need for assistance in setting up outreach and enrollment plans. Consumers Union's *Healthy Kids, Healthy Schools* project provides technical assistance to districts and schools throughout the state to help them customize Healthy Families/Medi-Cal outreach and enrollment activities. We provide counsel, materials, coordination, and strategies to help with:

- Designing programs to increase Healthy Families/Medi-Cal promotion, outreach, and enrollment in individual schools and districts;
- Ensuring, wherever possible, that schools follow up with potential applicants. Fieldwork has shown that follow-up is key to obtaining enrollment;
- Determining best practices for health insurance education, outreach, enrollment, utilization, and retention, and then custom-tailoring those practices to the needs and structure of the local county, district or school;
- Obtaining training on health insurance education, outreach, and enrollment options, including improved CAA training and support;

- Strategizing on how to generate funds for activities, including budgeting for LEA-billing options and application assistance fees;
- Seeking and garnering support from potential funding sources, such as assisting with the process for obtaining DHS outreach contracts and pursuing grants from private or community foundations.

### Constructing an "Information Bank" for Schools

*Healthy Kids, Healthy Schools* is currently establishing a web site that will include a multitude of informational materials for school personnel, policymakers, and advocates, among others.[33] It will serve as a central information resource for schools on Healthy Families/Medi-Cal outreach, enrollment, utilization, and health education. The web site, which is scheduled to launch in late April 2000, ultimately will offer:

- A centralized source that monitors and reports on school-based enrollment projects around the state;
- Collateral materials and templates for conducting promotion, outreach, enrollment, and education;
- A database of contact information for personnel involved in school-based Healthy Families/Medi-Cal initiatives as a means to foster communication and cooperation among schools and other entities;
- A resource to learn about policy developments, including policy reports and analyses of state legislation and administrative proposals;
- An outreach kit that details replicable outreach and enrollment models and best practices.

These materials will also be available through the mail via an order form for schools lacking regular access to the Internet.

*"Schools should have their own organizing packet on how to do Healthy Families outreach—give 4-5 examples of successful ways to enroll families at schools."*

—Alameda County

### Policy Work

*Healthy Kids, Healthy Schools* exists in the larger context of Consumers Union's long-standing commitment to perform health policy work to increase the accessibility and improve the delivery of health care to consumers. Project staff work on a variety of levels to provide feedback from the schools to policymakers in order to link schools with children's health insurance programs. We provide information to state and federal officials, meet with policymakers, monitor legislation and work with the media to promote school-based outreach and enrollment strategies and to foster improvements in Healthy Families/Medi-Cal.

# Recommendations

**Schools have the potential to be highly effective venues for education, increased enrollment, and self-sustaining outreach for Healthy Families/ Medi-Cal. This section sets forth policy recommendations for fostering and improving school-based outreach and enrollment initiatives.**

A principle underlying these recommendations is that, wherever possible, outreach, tracking and policy should be aligned between Healthy Families and Medi-Cal. This alignment is critical for several reasons: to deliver a clear, understandable message to potentially eligible families; to develop comprehensive and comparable data for evaluation purposes; and to prepare for the possible blending of the programs in the future. Nonetheless, these recommendations can be implemented even though the current system is not fully aligned.

## 1 Additional Resources Must Be Found for School Outreach and Enrollment

Surveys, interviews, and fieldwork indicate that lack of resources is the most significant barrier to successful school participation in Healthy Families/Medi-Cal initiatives. Therefore, policymakers will need to allocate additional funds to schools to support their outreach, enrollment, and health education efforts.

There are some resources already available to support an increased level of activity in the schools. Other resources can be improved upon or made available to more effectively support school-based initiatives. These include:

- ***DHS Healthy Families/Medi-Cal for Children Outreach Project***

  DHS awards contracts to community-based organizations to fund health insurance outreach and enrollment activities. Single entities can receive up to $100,000 and collaborative alliances can receive up to $200,000. Schools and school districts are eligible for these funds. The Request for Applications (RFA) issued by DHS for the 1999-2000 fiscal year provided nearly a full year of funding, allowed one-third of the funds to be used for start-up costs, and encouraged collaboration among organizations.

  In November 1999, DHS announced that it had awarded a total of $6 million in community outreach funding allocated among 72 contracts, including six contracts to school districts and one to a county office of education. These contract awards allow school districts to fund staff positions, purchase equipment, and conduct enrollment activities. In crafting the next RFA

*"We need more help!"*

–San Diego County

process, DHS should target school districts to ensure that they are aware that these funds are available and should consider reserving a portion of these funds specifically for school-based outreach. Alternatively, DHS should encourage community-based organizations applying for these contracts to collaborate with schools.

❖ ***Fees for Enrollment***

School districts or schools can become enrollment entities and have staff trained as certified application assistants (CAAs). Schools can then develop an outreach plan and facilitate the enrollment process. When an enrollment entity assists prospective applicants, it can claim a $50 application assistance fee from the state for every successfully enrolled applicant. One restriction on these funds is that enrollment entities cannot claim the $50 application assistance fee if they have received a DHS outreach contract.

Application assistance fees could fund school-based enrollment initiatives, but the state is still working out the bugs in this system. For example, there have been problems with CAA training and with prompt payment of application assistance fees, although enrollment entities that have participated on an ongoing basis have noted that the payment process has improved. The state should provide schools with more technical assistance and continue to expedite the payment process so that schools and districts can fully utilize this funding mechanism. In addition, the state should evaluate which form of payment—the "up-front" outreach contracts or the incentive payments for successful enrollments—is most effective in increasing enrollment in Healthy Families and Medi-Cal.

❖ ***Funding Available Through Medi-Cal***

In January 1993, DHS amended the Medi-Cal for Children state plan to allow Local Education Agencies (LEAs) to bill for health services provided to children eligible for Medi-Cal.[14] The original intent of "LEA billing" was to support Healthy Start sites once their operational grants expire and to facilitate the development of new Healthy Start collaboratives. In fact, some salaries for Healthy Start staff are paid from the revenue generated from LEA billing. However, the reimbursements LEAs receive for providing services to children eligible for Medi-Cal can be used in a variety of ways, as long as the funds go toward health and social services for children and families.[15] Further, the services funded by these dollars need not target only the population eligible for Medi-Cal, but can also facilitate efforts to improve school and community health in general.

Since all public school districts with children eligible for Medi-Cal can participate in LEA billing, it provides a potential funding stream for health insurance outreach, enrollment, retention, and utilization efforts. Yet many school officials have not pursued this opportunity. A few years after

California initiated the LEA billing option, only 25 percent of school districts had become enrolled providers.[16] During the 1996-1997 fiscal year, 10 school districts claimed almost half of the total reimbursement dollars, while many of the other districts that participated claimed little or no reimbursement.[17]

The state should improve the current structure for LEA billing to increase its value as a source of funding. Many states have more generous LEA billing structures than California. Some have higher reimbursement rates for services provided, while others use simpler enrollment and reimbursement applications and a more inclusive interpretation of billable services. Implementing such policies in California could make LEA billing a more attractive funding source for counties and school districts.

Another potential source of funding for school outreach and enrollment activities is Medi-Cal Administrative Activities (MAA) billing. This under-utilized Medi-Cal billing option is available to school districts that spend administrative time conducting outreach for Medi-Cal, completing applications for Medi-Cal, or providing certain transportation services to children eligible for Medi-Cal. One restriction on these funds is that districts completing applications for Healthy Families/Medi-Cal cannot claim both MAA funds and the $50 application assistance fee.

*"We have more requests for appointments to fill out applications than we have staff!"*

–San Mateo County

In addition, under the 1996 federal welfare reform legislation that separated Medicaid from cash assistance, Congress allocated funds to ensure that individuals who no longer receive cash benefits but are eligible for Medicaid get enrolled and remain enrolled in Medicaid. A total of $500 million in federal matching funds, referred to as Section 1931(b) funds, were made available and each state received a specific allocation. In California, counties receive these funds and determine how they are spent. Counties should consider allocating more of these dollars for school-based health insurance activities.

- ***Tobacco Revenue Sources***

Funds resulting from state settlements in tobacco cases and/or ballot initiatives where tobacco taxes are set aside for children and health provide another potential revenue source. California's Proposition 10 is one such initiative. Passed by voters in November 1998, Prop 10 increased the tax on tobacco products and directed the increased tax revenues into the California Children and Families First Trust Fund. The fund, currently at approximately $690 million, is designated exclusively to improve early childhood development (from the prenatal stage to five years of age).

The funds are divided between a state commission that receives 20 percent for statewide education, research, and media, and county commissions that receive 80 percent for use in promoting community awareness, education, child care, social services, health care, and research. County commissions are required to reserve at least one chair for a school representative. Prop 10

also required the creation of an integrated, comprehensive, and collaborative system of information and services.

Prop 10 commissions should consider funding school-based outreach for affordable health insurance. Although Prop 10 funds are specifically designated for early childhood development, school-age children may benefit from the requirement that these funds be used for integrated and collaborative systems of information and services. In addition, school-based outreach for Healthy Families and Medi-Cal also benefits students' pre-school siblings. If a health coordinator position is established (see below), that person may be able to access Prop 10 resources, particularly at the kindergarten level. More research is needed to assess tobacco revenues as a potential resource for Healthy Families and Medi-Cal outreach efforts.

### (2) School Outreach and Enrollment Programs Must Become Institutionalized

Policymakers should consider means to institutionalize links between schools and health insurance outreach, enrollment, retention, and utilization. Creating and funding the position of health coordinator at the school district level, for example, is one strategy that should be explored. Consumers Union is working with Alum Rock Union Elementary School District in Santa Clara County to create this position. A health coordinator could oversee all services related to health education and health-insurance initiatives and could help build and sustain awareness, enrollment, and retention in health insurance programs, as well as utilization of health care services. For example, a health coordinator could establish a working group of school staff and key stakeholders (such as nurses, Healthy Start staff, health clerks, food services staff, counselors, teachers, coaches, school district administrators, students and parents) to develop a district wide outreach and enrollment plan. This comprehensive plan could include strategies for targeting hard-to-reach populations. In addition, health coordinators might work with teachers and coaches to include health education and information in their curriculum and develop a plan to educate families about the benefits of health insurance and utilizing health care, particularly preventive care; they could also research potential funding resources to implement such health education programs. Health coordinators could also be responsible for developing a tracking mechanism to monitor children's retention in health insurance programs and utilization of health services.

## ③ School or District Pilot Projects Should Be Encouraged and Supported

To determine the best methods for successful school-based outreach and enrollment, we recommend building smaller-scale pilot projects that test various strategies and tools. Consumers Union already is coordinating several pilots. These include: a project in four districts to test outreach methods based on the School Lunch Program; a project in partnership with a community organization to test a peer education model for outreach to high school students; and another project with a community organization that focuses on comprehensive service delivery for children in a middle school. All levels of government, as well as private foundations, should consider providing resources for innovative pilot projects.

When designing pilots, we recommend taking into consideration the following factors: geographic and demographic make-up of the school or district, target age group, existing health-related structures, as well as existing and potential new staffing structures, information vehicles, and funding opportunities. After pilot projects are implemented, critiqued and modified, best practices can be advanced by developing models that can be replicated on a larger scale and by working on policy recommendations that will sustain these efforts institutionally.

## ④ Public Policy Needs to Reflect the Experiences of Schools and Foster Their Involvement

Sound policy provides the opportunity to build long-lasting, self-sustaining mechanisms to perpetuate school-based Healthy Families/Medi-Cal outreach and enrollment. Examples are listed below.

- ***Provide Incentives for Schools to Distribute Healthy Families/Medi-Cal Information***

  Providing schools with financial incentives and support to distribute information about Healthy Families and Medi-Cal, or requiring them to distribute such information, could improve outreach and enrollment. The high level of enrollment in the School Lunch Program is attributed, in part, to the administrative requirement that all schools distribute program information to every family. Notice of potential eligibility for Healthy Families/Medi-Cal should be distributed to families that have applied and are determined eligible for free or reduced-price lunches. This notice should be sent when families receive their School Lunch Program approval letter.

Earlier this year, a bill was introduced in the California legislature that would use the School Lunch Program as an outreach tool for Healthy Families and Medi-Cal.[18] Modeled on the School Lunch Program pilot project described above, the bill would require school districts to include information about Healthy Families and Medi-Cal with the School Lunch Program applications that are mailed to all families at the start of each school year; the bill also would provide funding to cover the costs of this program.

❖ ***Align Healthy Families/Medi-Cal Eligibility with Other Public Programs***

Another way to facilitate outreach and increase enrollment is to link Medicaid and CHIP with public benefit programs that have income eligibility levels comparable to the health insurance programs, such as the School Lunch Program, the Food Stamp Program, Head Start and the Supplemental Nutrition Program for Women, Infants and Children (WIC). This undertaking is known as "Express Lane Eligibility."[19] The idea is that children who have met the income test for income-comparable programs should have their eligibility determination for Healthy Families/Medi-Cal expedited without having to provide duplicative income information. Indeed, a recent study by the Urban Institute found that roughly 81 percent of low-income uninsured children in California live in families that participate in the School Lunch, WIC, Food Stamp, or Unemployment Compensation programs.[20]

As it stands, eligibility for the School Lunch Program does not equal automatic eligibility for Healthy Families and Medi-Cal. However, with adjustments in income definitions and household composition rules, the School Lunch Program could serve as a vehicle to determine income eligibility for Healthy Families or Medi-Cal because there are overlaps in income eligibility levels. Federal and state policymakers are currently exploring whether and how to link School Lunch Program eligibility with health insurance programs for children. While this approach warrants consideration, policymakers and advocates need to confront the fundamental concern about confidentiality raised by sharing information between the programs.

Families' historic trust in the School Lunch Program must not be jeopardized. School meal programs enjoy a high level of trust from participating families, especially immigrant families. School Lunch Program staff maintain strict confidentiality rules and request no information concerning citizenship or immigration status. On the other hand, in order to participate in government-funded health programs, immigrants must provide citizenship and immigration information to establish eligibility.

In particular, the confidentiality protections of the School Lunch Program have been integral to its success. Current privacy protections should not be sacrificed for purposes of streamlining eligibility and enrollment among public benefits programs for children. Rather, the appropriate solution

is to obtain appropriate voluntary waivers, combined with government assurance that shared information will not be misused.

Another key area that needs attention is fostering the connection between schools and county social service agencies. In approximately one quarter of California's school districts, families who participate in public benefit programs such as Food Stamps or CalWORKS are "directly certified" or automatically eligible for the School Lunch Program. These families do not need to provide any other information to be eligible. These efforts are generally the result of Memoranda of Understanding between the school district and the county social services agency. The county agencies coordinate with school districts to ensure that children on public benefit programs receive free or reduced-price meals. This work could be extended so that all counties participate in direct certification. Also, county workers could partner with schools to ensure that children receiving public assistance or Food Stamps are evaluated for, and if eligible, are enrolled in Healthy Families/Medi-Cal. Some counties already endeavor to do this, but all should be encouraged to do so.

## (5) Data Collection and Analysis by the State Must Be Improved

Although California has dedicated substantial resources to increasing outreach and enrollment in Healthy Families and Medi-Cal, there currently is no mechanism to identify which efforts are most effective. The Department of Health Services, the California Department of Education, and the state's contractor, Electronic Data Systems (EDS), should improve their data-gathering mechanisms to better capture pertinent information on the source of application requests—as well as on subsequent enrollment, retention, and utilization—in order to inform decisions about future outreach initiatives. In addition, DHS and MRMIB should align their tracking systems so that information regarding Healthy Families and Medi-Cal can be compared and aggregated.

MRMIB manages a database that monitors activity related to the Healthy Families program, including application and enrollment information by county, ethnicity, age, and gender. It provides a breakdown of applicants according to the health and dental plans in which they have enrolled. The database provides information on disenrollment and reasons why enrollees are dropped from the program. The database, maintained by EDS, provides an overall perspective on application information including: numbers of total applications received; numbers of applications that received assistance from CAAs (illustrating the margin of error of those applications that received assistance versus those that did not); statistics that track reasons why appli-



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cations were returned without processing; and ineligibility statistics that track reasons why applicants did not qualify for the program.

Of the more than 2 million uninsured children in California, up to 838,000 are eligible for Medi-Cal, while 639,000 are eligible for Healthy Families.[41] Currently, application and enrollment information for Medi-Cal is not nearly as detailed and current as for Healthy Families because the two programs have very different tracking processes.

❖ ***Improving Tracking Methods***

In general, the MRMIB database provides a cumulative report of application and enrollment information on Healthy Families. However, it lacks information on outreach and utilization and does not track how applicants learned about the program. The next revision to the joint application should include a line on which the applicant states the source of the application. This information is critical for determining the most effective sources and methods for promotion and outreach. It would also provide valuable insight on how to modify outreach strategies to reach more children and effectively spend outreach funds.

The joint application process for both Medi-Cal and Healthy Families requires one application, joint promotional efforts, and initial processing of all applications at a central location in Sacramento ("single point of entry"). Given this degree of coordination between the two programs, it stands to reason that both programs should share a similar, if not identical, tracking process.

❖ ***Correlating Healthy Families Denials and Medi-Cal Applications***

As of January 2000, approximately 35 percent of applicants denied coverage under Healthy Families had been found ineligible because their incomes were too low.[42] This category represents a significant number of applicants who are likely eligible for Medi-Cal. It would be useful to track these Healthy Families-ineligible applicants to determine whether they apply for and enroll in Medi-Cal.

Because they have already shown an interest in and need for insurance, these applicants require follow-up to ensure that they are informed about and encouraged to enroll in Medi-Cal. Currently, applicants who are income-ineligible for Healthy Families, but did not request that their applications be forwarded to Medi-Cal, receive a letter from the state asking them to reconsider applying for Medi-Cal and offering to forward their applications. The letter also explains policy changes that make it easier to apply and qualify for Medi-Cal. While this approach is an important first step in reaching children eligible for Medi-Cal, the state should consider additional means of outreach and follow-up for families who show interest in obtaining health coverage.

*"We have launched outreach efforts, but we need more time, space, and manpower. If we had received more...feedback from the state on how many [families] did sign up– we may be able to increase efforts. But now there's no sharing of information."*

–San Joaquin County



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❖ ***Tracking Health Care Utilization and Health Insurance Retention Patterns***

The measure of success of the Healthy Families and Medi-Cal programs is not only enrolling large numbers of children, but also engaging families in successful health education, health-plan utilization, and long-term retention of health insurance. The state currently measures its success in terms of increasing enrollment numbers. It is critical to take a broader look at other measures of success that reflect the fundamental reason why we want children to secure health coverage. Ultimately, health insurance leads to healthier children. Therefore, more attention needs to be paid to keeping children insured; making sure they use health services, especially preventive services; and, to the extent possible, improving health outcomes. Therefore, we recommend that the state track health-plan utilization patterns. Utilization patterns will help the state target where education is needed on health, preventive care, and health-insurance concepts.

## ⑥ Research Should Be Undertaken on the Connection Between Health Insurance and School Performance

Studies have shown that children's health is directly correlated with their educational performance. To evaluate the overall impact that securing health care coverage for students has on schools, researchers should compare the level of health coverage to measurements such as school absenteeism and test-score performance. Existing research suggests that health-insurance enrollment, retention, and utilization may correspond with decreased absenteeism and higher test-score performance among students. Research that proves this correlation could provide the needed incentive for states, and particularly for school administrators, to dedicate resources to school-based efforts. While this broad research would be a significant undertaking and could encounter student privacy hurdles, it could be a useful means for establishing schools as key stakeholders in ensuring that children's health care needs are addressed.

# Conclusion

**California's public schools can be essential and eager partners in building self-sustaining, enduring mechanisms to enroll and retain children in state health insurance programs.**

Every effort should be made to build the capacity and infrastructure to engage schools in Healthy Families and Medi-Cal outreach and enrollment. With proper direction and support, schools can have a lasting impact not only on enrollment figures, but also on children's utilization of health services and retention in insurance programs.

Schools have a compelling interest in ensuring that their students' health care needs are met. When children are healthy, they are ready to learn. Schools provide a golden opportunity to secure health care coverage for all of California's children—the first step toward healthier kids and healthier schools.

## Endnotes

1 Helen Halpin Schauffler and E. Richard Brown, *The State of Health Insurance in California, 1999*, (Berkeley: Regents of the University of California, January 2000), p. 23.

2 Id., p. 31.

3 Families USA, *One Step Forward, One Step Back*, (Washington, DC: October 1999), pp. 15, 23. This study found that between 1996 and 1999, enrollment in Medi-Cal declined significantly. While this decline largely ceased in 1998 when counties established a temporary moratorium on Medi-Cal terminations for families losing cash welfare, enrollment in Healthy Families has not been significant enough to bring total enrollment in both programs back to Medi-Cal's 1996 level.

4 U.S. General Accounting Office, *Medicaid: Demographics of Nonenrolled Children Suggest State Outreach Efforts*, (Washington, DC: Government Printing Office, March 1998), p. 10.

5 Michael J. Perry, Evan Stark, and R. Burciaga Valdez, *Barriers to Medi-Cal Enrollment and Ideas for Improving Enrollment: Findings from Eight Focus Groups in California with Parents of Potentially Eligible Children*, (Menlo Park: Kaiser Family Foundation, September 1998), p. 34.

6 Memorandum from President Bill Clinton to Secretary of Health and Human Services, Secretary of Education, and Secretary of Agriculture Regarding School-Based Health Insurance Outreach for Children, October 12, 1999.

7 Information on school-based outreach and enrollment programs around the country is available on the U.S. Department of Education web site, "CHIP Goes to School: Successful School-Based Strategies," at www.ed.gov/chip/toschool.html; *see also* Donna Cohen Ross and Wendy Jacobson, *Free and Low-Cost Health Insurance: Children You Know Are Missing Out*, (Washington, DC: Center on Budget and Policy Priorities, 1998), pp. 81 85.

8 The Federal Poverty Level for a family of four is $17,050.

9 Enrollment statistics are available on theMRMIB web site at www.mrmib.ca.gov.

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12 Department of Justice, Immigration and Naturalization Service, Fact Sheet on Public Charge (May 25, 1999) available on the Department of Justice web site at www.ins.usdoj.gov/graphics/publicaffairs/factsheets/public_cfs.htm.

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14 Managed Risk Medical Insurance Board, "Healthy Families Program Children Disenrollment Statistics," (data as of 1/24/2000) available on the MRMIB web site at www.mrmib.ca.gov.

15 Perry, et al., *Barriers to Medi-Cal Enrollment and Ideas for Improving Enrollment*, p. 4.

16 Michael J. Perry, Susan Kannel, R. Burciaga Valdez, and Christina Chang, *Medicaid and Children: Overcoming Barriers to Enrollment; Findings from a National Survey*, (Washington, DC: The Kaiser Commission on Medicaid and the Uninsured, January 2000), p. vi.

17 Title 10, Cal. Code of Regulations, Chap. 5.8, Article 2, § 26.99.6607(c).

18 The application revision working group consisted of representatives from DHS, MRMIB, Consumers Union, children's health advocacy organizations, legal advocates, health providers, county welfare departments and other interested stakeholders.

19 "Healthy Families Program and Medi-Cal for Children: Annual Outreach Plan for Fiscal Year 1999-2000 and Evaluation of Fiscal Year 1998-1999, Report to the Legislature in Compliance with Welfare and Institutions Code Section 14067 (b)," State of California, Department of Health Services, April 1999, pp. 22-23.

20 Diane Allensworth, Elaine Lawson, Lois Nicholson, and James Wyche, eds., *Schools and Health—Our Nation's Investment*, (Washington, DC: Institute of Medicine, National Academy Press, 1997), p. 160.

21 Id.

22 Cal. Educ. Code § 42238.8.

23 Rachel D. Lodge, *California's Healthy Start—Strong Families, Strong Communities for Student Success*, (Davis: California Department of Education, 1998), p. ii.

24 Id., p. 4.

25 Id.

26 "Healthy Start Support Services for Children Act 1992-1999, Grants Awarded," California Department of Education, Healthy Start Office (September 1999).

27 The usefulness of the School Lunch Program as a measure of enrollment potential for Healthy Families/Medi-Cal extends to income eligibility only. Unlike Healthy Families and Medi-Cal, the School Lunch Program does not have citizenship and residency requirements.

28 This report is available on Consumers Union's advocacy web site at www.consumersunion.org/health/kaiser_info_page.htm or by calling the West Coast Regional Office at (415) 431-6747.

29 "Children's Health Access and Medi-Cal Program: Bringing comprehensive training and information to those helping low-income families find healthcare coverage for their children," A National Health Foundation Report, funded by Kaiser Permanente of Southern California, California HealthCare Foundation, the Ahmanson Foundation, California Community Foundation, and Pacific Foundation.

30 For more information about Covering Kids and Families, contact Community Health Councils, Inc., 3741 Stocker Street, Suite 208, Los Angeles, CA 90008; telephone: (323) 295-9372; email: coveringkids@chc-inc.org.

31 This CD-ROM can be ordered from Consumers Union for $5 by calling the West Coast Regional Office at (415) 431-6747.

32 We interviewed school nurses (28%), office staff (26%), principals (16%), Healthy Start employees (12%), health clerks or community liaisons (10%), district Directors of Health Services (8.7%), superintendents (3.3%), and other staff members (3.3%).

33 The *Healthy Kids, Healthy Schools* web site will be accessible through Consumers Union's general advocacy web site at www.consumersunion.org.

34 Only school districts or county offices of education can qualify as LEAs. Enrolled LEAs can choose to provide "LEA Bundled Services," a simplified list of services that includes health and mental health evaluation and education, physical therapy, occupational therapy, speech and audiology services, psychology and counseling

services, nursing services, non-instructional school aide services, medical transportation services, mileage, and targeted case management. LEAs can also offer Child Health and Disability Prevention (CHDP) screening, diagnosis, and treatment for Medi-Cal and other low-income children.

35 Each LEA is required to establish a "collaborative group" to determine how to spend these dollars. Some collaboratives have used these funds to pay school nurse salaries, while others have paid for dental screenings for students. Still others have directed these dollars toward outreach, enrollment, and education programs for Healthy Families and Medi-Cal.

36 Los Angeles County Office of Education, Division of Educational Support Services, *Best Practices: Administering the LEA Billing Option*, Introduction, p. iv.

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